PTO/SB/17 (19-98)
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Effective on 12 Fees pursuant to the Consolidated App	Complete if Known Application Number 10/568,781-Conf. #5251						
FEE TRANS			ebruary 21, 2006				
	 		stvan LINDMAYER				
For FY 2009			<u></u>		Q. H. Vu		
X Applicant claims small entity.	Art Unit 3763						
TOTAL AMOUNT OF PAYMENT (\$) 65.00			Attorney Docket No. 3		3347-0105PUS1		
METHOD OF PAYMENT (che	eck all that apply)				*************		**************
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
X Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION		***************				***************************************	
1. BASIC FILING, SEARCH, AND							
	FILING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN.	ATION FEES		
Application Type Fee	(\$) Fee (\$)	Fee (\$		Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 3:	30 165	540	270	220	110		
Design 22	20 110	1.00	50	340	70		
Plant 21	20 110	330	165	170	85	***************************************	
Reissue 3.	30 165	540	270	650	325		
Provisional 22	20 110	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims				390	195		
Total Claims Extra Claims Fee (\$)		Fe	ee Paid (\$) Mu		ultiple Dependent Claims		
14 -20 or HP x =				Fee	(\$) F	ee Paid (<u>\$)</u>
HP = highest number of total claims paid					·		
Indep. Claims		Fe	Fee Paid (\$)				
1 -3 or HP = x =							
HP = highest number of independent sla	ims paid for, if greater tha	n 3.					
3. APPLICATION SIZE FEE							
If the specification and drawings							Δ
listings under 37 CFR 1.52(e) sheets or fraction thereof. Se	n, me apprication si e 35 H.S.C. 4HaV.D	ze tee uu VG) and	e 18 3270 (3135 16 37 CFR 1 1664)	or sman em	my) for each ac	aditional 5	U
Total Sheets Extra Sh			dditional 50 or frac	tion thorons	Fee (\$)	Fee	Paid (\$)
						-	1.019.097
- 100 = /50 = (round up to a whole number) x =							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month 65.00							

Signature	/ 1 V	N/41	Registration No.	39,491	Telephone	(703) 20	5-8000
Name (Print/Type) Michael R. Cammarata							
name crimii (ype) Michael K. Car	imarata				Date S	eptembe	£ 4, Z009

MRC/JWR/smj Birch, Stewart, Kolasch & Birch, LLP